



R-3109

Express Mail Number EV 689312697 US

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (include Reference to PCT International Applications)
PCT/FR2004/001974ATTORNEY'S DOCKET NO
RN03109

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ABRASION-RESISTANT YARNS, FIBRES OR FILAMENTS

the specification of which (check only one item below):

is attached hereto.
 was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable)

was filed as PCT international application

Number PCT/FR2004/001974 _____

on July 23, 2004 _____

and amended under PCT ARTICLE 19

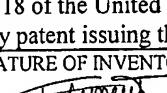
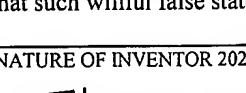
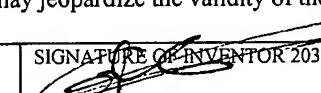
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations. §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY PCT indicate PCT	APPLICATION NUMBER	DATE OF FILING (day month year)	PRIORITY CLAIMED UNDER 35 USC 119
FRANCE	03/09155	25/07/2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>																																																	
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:																																																	
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Kevin McVEIGH		Reg. No. 33,017	Mialeeka WILLIAMS-BIBBS Reg. No. 48,037																																														
Jean-Louis Seugnet		Jean-Louis SEUGNET Reg. No. L0088	Direct Telephone Calls to: (name and telephone number) Jean-Louis SEUGNET (609) 860-4180																																														
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">201</td> <td style="width: 25%;">FULL NAME OF INVENTOR</td> <td style="width: 25%;">FAMILY NAME CLEMENT</td> <td style="width: 25%;">FIRST GIVEN Florence</td> <td style="width: 25%;">SECOND GIVEN NAME</td> </tr> <tr> <td>RESIDENCE & CITIZENSHIP</td> <td>CITY YZERON</td> <td>STATE OR FOREIGN COUNTRY FRANCE</td> <td colspan="2">COUNTRY OF CITIZENSHIP FRANCE</td> </tr> <tr> <td>POST OFFICE ADDRESS</td> <td>2 Clos de Beau Site</td> <td>CITY YZERON</td> <td colspan="2">STATE & ZIP CODE/COUNTRY F-69510 FRANCE</td> </tr> <tr> <td>202</td> <td>FAMILY NAME BOUQUEREL</td> <td>FIRST GIVEN Franck</td> <td colspan="2">SECOND GIVEN NAME</td> </tr> <tr> <td>RESIDENCE & CITIZENSHIP</td> <td>CITY LYON</td> <td>STATE OR FOREIGN COUNTRY FRANCE</td> <td colspan="2">COUNTRY OF CITIZENSHIP FRANCE</td> </tr> <tr> <td>POST OFFICE ADDRESS</td> <td>93 rue du Dauphiné</td> <td>CITY LYON</td> <td colspan="2">STATE & ZIP CODE/COUNTRY F-69003 FRANCE</td> </tr> <tr> <td>203</td> <td>FAMILY NAME ROBERTS</td> <td>FIRST GIVEN Gilles</td> <td colspan="2">SECOND GIVEN NAME</td> </tr> <tr> <td>RESIDENCE & CITIZENSHIP</td> <td>CITY IRIGNY</td> <td>STATE OR FOREIGN COUNTRY FRANCE</td> <td colspan="2">COUNTRY OF CITIZENSHIP FRANCE</td> </tr> <tr> <td>POST OFFICE ADDRESS</td> <td>3 rue de Grange Haute</td> <td>CITY IRIGNY</td> <td colspan="2">STATE & ZIP CODE/COUNTRY F-69540 FRANCE</td> </tr> </table>					201	FULL NAME OF INVENTOR	FAMILY NAME CLEMENT	FIRST GIVEN Florence	SECOND GIVEN NAME	RESIDENCE & CITIZENSHIP	CITY YZERON	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRANCE		POST OFFICE ADDRESS	2 Clos de Beau Site	CITY YZERON	STATE & ZIP CODE/COUNTRY F-69510 FRANCE		202	FAMILY NAME BOUQUEREL	FIRST GIVEN Franck	SECOND GIVEN NAME		RESIDENCE & CITIZENSHIP	CITY LYON	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRANCE		POST OFFICE ADDRESS	93 rue du Dauphiné	CITY LYON	STATE & ZIP CODE/COUNTRY F-69003 FRANCE		203	FAMILY NAME ROBERTS	FIRST GIVEN Gilles	SECOND GIVEN NAME		RESIDENCE & CITIZENSHIP	CITY IRIGNY	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRANCE		POST OFFICE ADDRESS	3 rue de Grange Haute	CITY IRIGNY	STATE & ZIP CODE/COUNTRY F-69540 FRANCE	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.																																																	
SIGNATURE OF INVENTOR 201 		SIGNATURE OF INVENTOR 202 		SIGNATURE OF INVENTOR 203 																																													
DATE (MM/DD/YYYY) 02/24/2006		DATE (MM/DD/YYYY) 02/24/2006		DATE (MM/DD/YYYY) 02/03/2006																																													

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PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:				
U.S. APPLICATION		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO	PCT FILING DATE	US SERIAL NUMBERS ASSIGNED (if any)		

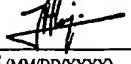
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney's and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (List name and registration number)

Kevin McVEIGH	Reg. No. 33,017	Mialeeka WILLIAMS-BIBBS	Reg. No. 48,037
		Jean-Louis SEUGNET	Limited Recognition under 37 CFR § 10.9(b)

Send Correspondence to: Jean-Louis Seugnet Rhodia Inc.-Legal Department 8 CEDAR BROOK DRIVE CN 7500, CRANBURY, NJ 08512-7500			Direct Telephone Calls to: (name and telephone number) Jean-Louis SEUGNET (609) 860-4180
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204	FAMILY NAME THIERRY	FIRST GIVEN Jean-François	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY FRANCHEVILLE	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRANCE
POST OFFICE ADDRESS	POST OFFICE ADDRESS 3 rue des Cerisiers	CITY FRANCHEVILLE	STATE & ZIP CODE/COUNTRY F-69340 FRANCE
205	FAMILY NAME 205 Last Name	FIRST GIVEN 205 First Name	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY 205 CITY	STATE OR FOREIGN COUNTRY 205 COUNTRY	COUNTRY OF CITIZENSHIP 205 CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS 205 address	CITY 205 CITY	STATE & ZIP CODE/COUNTRY 205 ZIP, State or Country
206	FAMILY NAME 206 Last Name	FIRST GIVEN 206 First Name	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY 206 CITY	STATE OR FOREIGN COUNTRY 206 COUNTRY	COUNTRY OF CITIZENSHIP 206 CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS 206 address	CITY 206 CITY	STATE & ZIP CODE/COUNTRY 206 ZIP, State or Country

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SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE (MM/DD/YYYY) 02/16/2006	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)